

09/830121

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓	Rejected	N	.....	Non-elected
=	Allowed	I	.....	Interference
— (Through numeral)	Canceled	A	.....	Appeal
÷	Restricted	O	.....	Objected

Claim	Date				
Final Original					
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Claim	Date				
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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